inhealth | PAP Therapy Adherence and Escalation

ESC-OSA-01

inHealth health coaches are NBC-HWC board certified. Coaches do not diagnose, interpret diagnostic results, or adjust medications. This tool guides recognition, response, and escalation only. **When in doubt, escalate.**

BEFORE YOU CALL 911

1. Confirm the participant's current physical address and a callback number. Do not assume the address on file is where they are right now.
2. You are calling from a different location than the participant, so your 911 call may route to your own local dispatch. State this immediately: give the participant's city, state, and full address, and ask to be transferred to that jurisdiction's emergency dispatch. Stay on both calls if you can.
3. Stay on the line with the participant until EMS arrives or another responsible adult takes over.
4. Do not advise a participant with emergency symptoms to drive themselves.

Usage and efficacy are two different questions. Track A is how much the participant wears the device, the payer-facing metric. Track B is how well the therapy works when worn. A participant can be fully adherent and undertreated. Never read one as evidence of the other. Participants may be on CPAP, APAP, or BiPAP: this protocol covers all PAP therapy.

TRACK A · USAGE (ADHERENCE) · PAYER-FACING METRIC

MEETS STANDARD

4 or more hours per night on 70% or more of nights, across 30 consecutive days.

Actions: reinforce. Probe what benefits they have noticed and what is making it work. Document in routine note.

BELOW STANDARD

Under 4 hours per night, or fewer than 70% of nights.

Actions:

1. Identify the specific barrier. Categories: mask fit or leak, pressure intolerance, nasal congestion or dryness, claustrophobia, sleep environment or partner, forgetting.
2. Document the named barrier, not just "low adherence."
3. Refer to DME or specific clinic escalation protocol for mask or pressure adjustment.
4. Follow up within 7 days.
5. Notify referring provider via chart note.

NON-USE

0 to 2 nights per week, or stopped entirely.

Actions: same as for below standard, plus notify referring provider within 24 hours. Both coverage and clinical risk are in play.

TRACK B · RESIDUAL AHI (TREATMENT EFFICACY) · INDEPENDENT OF USAGE – (If collecting)

Residual AHI on therapy	Action
Under 5	Well controlled. Routine note.
5 to 15	Monitor. Document. Include in routine note.
Over 15, sustained 2+ weeks with adequate usage	Notify provider. Refer to DME and sleep MD in parallel.
Over 30, sustained with adequate usage	**Urgent provider notification. Sleep MD referral. Do not gate this behind DME steps.**

TRACK C · SAFETY ESCALATIONS · APPLY REGARDLESS OF USAGE OR AHI

IMMEDIATE · CALL 911: chest pain, new arrhythmia symptoms, severe shortness of breath

SAME DAY

- **Falling asleep while driving, a near-miss, or reported drowsy driving.** Counsel the participant not to drive. Notify provider same day. Document. This is the escalation with third-party risk.
- New or worsening morning headaches with confusion
- New central events or treatment-emergent central sleep apnea flagged on the download
- Waking gasping or choking despite therapy
- Facial skin breakdown or pressure injury from the mask

WEIGHT CHANGE TRIGGER: 10% or more body weight loss since the last titration. Notify sleep MD for possible re-titration. Applies to GLP-1 and post-bariatric participants and is expected to be common in this panel.

LANGUAGE: refer to "the participant's therapy app (DreamMapper, myAir, or equivalent)." Do not name a single platform.

AFTER HOURS: Use the after-hours or nurse line on the participant's referral. If there is none, or no one answers, direct to urgent care, or to the emergency department for any Track C immediate finding. "Call the provider office" is not a valid instruction at 7pm on a Friday.

IF THE PARTICIPANT DECLINES ESCALATION

Document all four: the recommendation you made, the participant's response in their own words, the risks you explained, and the alternative you offered. Notify the referring provider regardless of refusal. A refusal does not close the incident.

CLOSING THE LOOP

Follow-up contact within 24 hours to confirm the participant reached care. Record the outcome in the SOAP note. An escalation is not complete until the outcome is documented.

TIER 1 IMMEDIATE
Call 911 now, before any other step

TIER 2 URGENT
Provider contact within 1 hour

TIER 3 SAME DAY
Provider notified same business day

TIER 4 ROUTINE
Documented in routine note within 24 hours